

Election Officer Application

Please Print and Complete all Information clearly and send back to :
Boston Election Department, City Hall Room 241,
Boston, MA 02201 or fax (617)635-4483

Name: _____
First Middle Last

Residential Address: _____
Number Street City Zip Code

Mailing Address (if different): _____
Number Street City Zip Code

Social Security Number: _____ - _____ - _____ Date of Birth: _____

Gender - Male ☐ Female ☐

Telephone # Home - (_____) _____ (Work) - (_____) _____

E-Mail Address: _____ Cell Phone # _____

Occupation: _____ Are you registered to vote in Boston? _____

Have you ever served as an Election Officer? Yes ☐ No ☐ If yes, for how many years? _____

If yes, where have you worked and in what capacity? Ward _____ Precinct _____

Warden _____ Clerk _____ Inspector _____ Translator _____

Besides English, do you speak any other languages? _____ If yes, please list them _____

Do you drive a car _____ or use public transportation _____

Would you be willing to travel to another Polling location to work, if needed? _____

Have you ever been convicted of a felony? Yes _____ No _____

How were you referred to the Election Department? _____

I certify that the information given above is true and complete

Signed _____ Date _____

For Election Use only:

Registered - Yes ☐ No ☐ If no, Registration Form Sent - Yes ☐ No ☐ Received - Yes ☐ No ☐

Voter ID _____

Home Ward _____ Home Precinct _____

Work Ward _____ Work Precinct _____ Position _____